

10 DEC -7 AM 10: 57

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full) Sestak for Senate	USE FEC MAILING LABEL OR TYPE OR PRINT PO Box 1936	Example: If typing, type over the lines []	
ADDRESS (number and street) []			
Check if different than previously reported. (ACC) []			
CITY [Media]		STATE [PA]	ZIP CODE [19063]
2. FEC IDENTIFICATION NUMBER [] C00465492		3. IS THIS REPORT <input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)	
		4. STATE [PA] DISTRICT [00]	
5. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [] April 15 Quarterly Report (Q1) [] July 15 Quarterly Report (Q2) and/or Semi-annual Report [] October 15 Quarterly Report (Q3) [] January 31 Year-End Report (YE) and/or Semi-annual Report [] July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report		(b) Monthly Report Due On: [] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only) [] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only) [] Apr 20 (M4) [] Jul 20 (M7) and/or Semi-annual Report [] Oct 20 (M10) [] Jan 31 (YE) and/or Semi-annual Report	
		(c) 12-Day PRE-Election Report for the: [] Primary (12P) [] General (12G) [] Run off (12R) [] Special (12S) [] Convention (12C) Election on [] [] [] in the State of [] This report also covers the semi-annual period [] See Line 6(b)	
		(c) 30-Day POST-Election Report for the: <input checked="" type="checkbox"/> General (30G) [] Runoff (30R) [] Special (30S) Election on [11] [02] [2010] in the State of [PA] This report also covers the semi-annual period [] See Line 6(b)	
6. Covering Period(s)		(a) Quarterly/Monthly/Pre-/Post-Election Covered Period [10] [14] [2010] through [11] [22] [2010] and/or (b) Semi-annual Covered Period [] January 1 - June 30 [] July 1 - December 31	
7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs		(a) Quarterly/Monthly/Pre-/Post-Election Covered Period [] 47278.51 (b) Semi-annual Covered Period []	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Margaret M Infantino

Signature of Treasurer

Date

[12] [02] [2010]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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